MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CHAMPION DYEING & FINISHING CO. INC.

27210021-1

	1.	MONTH OF APRIL 1, 2008 THRU APRIL 30, 2008			
	2.	Is Outlet # (8 digit) Correct?	Y	$\binom{N}{N}$	N/A
	3.	Is average Total flow-gal.day stated in space provided?	0	N	N/A
	4.	Is max. Total flow-gal day stated in space provided?	Y	N	N/A
	5.	Is method used to calculate water stated?	(X)	N	N/A
	6.	Are number of working days stated?	(R)	N	N/A
	7.	Are there any parameters which have exceeded PVSC Local Limits?	Y	$\binom{N}{N}$	N/A
	8.	Is proper compliance/non-compliance statement provided?	$\langle \hat{A} \rangle$	N	N/A
	9.	Have correct number of samples been submitted?	Y	N	N/A
	10.	Has PHC result been listed on MR-1 report?	\mathbf{Y}_{n}	N	N/A
	11.	Has sample number been reported in space provided?	Y	N	N/A
/21	617 1819.	Have all regulated parameters been listed on MR-1?	(P)	N	N/A
S. S. J.	N3.	Has sample type been stated on MR-1?	Y	N	N/A
5	14.	Have all samples been taken during this reporting period?	Y	N	N/A
(a) /	indistrial E	tept Has WDEPE certified lab been used?	Y	N	N/A
18.0	E 2 16.	Have all regulated parameters been listed on MR-1? Have all sample type been stated on MR-1? Have all samples been taken during this reporting period? Have analytical results been used? Evaluate analytical results been submitted on copies of Laboratory stationery? Have results been written in space designated on MR-1? Is correct method used to preserve samples stated on MR-1? Has MR-1 been signed by authorized representative?	(Y)	N	N/A
•	17.	Have results been written in space designated on MR-1?	Y	N	N/A
	18.	Is correct method used to preserve samples stated on MR-1?	Y	N	N/A
	19.	Has MR-1 been signed by authorized representative?	(A)	N	N/A
	20.	Has information been submitted on proper MR-1 form?	Y	N	N/A
	21.	Remove Arsenic from report if sampling not required	Y	N	(N/A

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CHAMPION DYEING & FINISHING CO. INC.

27210021

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NEW CUSTOMER	ID / OUTLET I	D: <u>27210021</u> -	+ OLD OUT	LET DESIGNA	TION: 274	00270	
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Explain Method for preservi	ing samples:	
I certify under penalty	of law that this document and attachments were prepar	red under my direction or supervision
accordance with a system	designed to assure that qualified personnel properly ga	ther and evaluate the information sub
Based on my inquiry of th	e person or persons who manage the system, or those p	ersons directly responsible for gather
	mation submitted is, to the best of my knowledge and b	
	significant penalties for submitting false information, i	
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403.6(a)(2)(ii) revised l	by 53 FR 40610, October 17, 1988	
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PVSC FORM MR-1 REV: 5 3/91 P 2

NO.35B

P.1

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Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

Page 1 of 1

Date	May 03, 2008
Mapount Number	122163-98112
Date of Last Paymont	Apr 22, 2008
Amount of Last Payment	\$9,685.51
Minimus Balance	\$7,210.92
Durent Charges	\$ 9,499,52
<u> </u>	
Total Amount Due	\$10,710.44
Take Crate	Jun 02, 2008

SERVICE ADDRESS 192 PUTNAM ST, PATERSON

BILL TYPE MONTHLY BILL

Service Period

Mar 20 2008--Apr 18, 2008

Services

Description SERVICE CHARGE FIRST 333 CCF NEXT (),999,999 CCF

Charge 337.60 462.87 2699,05

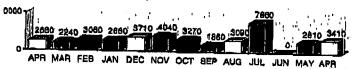
Meters

Meter No 70025{99

Meter Size 4 INCH

Current Previous Consumption 635 367 2680

Usage History (most recent first)



2004640 8.95=1904408-21=90686

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Malling Address:

Passaic Valley Water Commission P.Q. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make sheck or money order payable to PVWC.

Macquit Number	122169-98112
Due Cale	มี มก 02, 2008
Total Amount Due	\$ 10,710.44
Amount Enclosed	

Service Address: 192 PUTNAM ST, PATERSON

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PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393 Moderal Monald de la Mala de la Maria del Maria de la Maria de la Maria de la Maria del Maria de la Maria della de

000155163000048115000010710449

TO: 19733452774

P:2/3

Upstate Laboratories, Inc.

Analytical Report

Date: 15-Apr-08

CLIENT:

Champion Dycing & Finishing Co

Client Sample ID: Discharge Pipe

Lab Order:

U0804074

Collection Date: 4/2/2008 11:45:00 AM

Project:

Monthly Analysis

Lab ID:

U0804074-001

Matrix: WASTE WATER

Analyses	Result	Limit	Qual Units	DF	Date Analyzed
ICP METALS, TOTALS			E200.7	(E200.7)	Analyst: DRP
Cadmium	ND	0.005	mg/L	1	4/12/2008 10:40:35 AM
Zinc	0.067	0.010	mg/L	1	4/12/2008 10:40:35 AM
ABORATORY HYDROGEN ION (PH)			E150.1		Analyst: TC
рН	6.90	2.00	รบ	1	4/7/2008 11:52:00 AM
RESIDUE, SUSPENDED (TSS)			E160,2		Analyst: DEY
Residue, Suspended (TSS)	27	1.0	mg/L	1	4/4/2008
BIOCHEMICAL OXYGEN DEMAND (5 I	DAY BOD)		E405.1	,	Analyst: VAW
Blochemical Oxygen Demand	126	60.0	mg/L	1	4/4/2008 8:00:00 AM

Approved By:

Qualificrs:

CMZ

Low Level

- Analyte detected in the associated Method Blank
- Holding times for preparation or analysis exceeded
- Not Detected at the Reporting Limit

Date: 4/15/08

Page 1 of 1

- Value exceeds Maximum Contaminant Value
- Value above quantitation range
- Analyte detected below quantitation limits
- Spike Recovery outside accepted recovery limits

Upstate Laboratories,	ratorie,	s, Inc	ပ		Chair	Chain of Custody Record	stody	Rec	ord	
6034 Corporate Drive E. Syracuse New York 13057	New York 1305						•	k F) ' 	
Phone (315) 437 0255		Fax (315) 437 1209	137 1209							
CHAMPION DYEING & FINISHING	ISHING	MONTHLY	NOTE ANALYSIS			Numb				Remarks
Client Confect:	Phone	Location (digastate) Address	e) Address			er of				
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Sample ID	Date	Time	Matrix	GRAB	ULI Infernal Utce Only	- C	8 8	۵ م		
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PVSC FORM MR-1 REV: 4 6/87 P1

Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement

HP LASERJET FAX

	Michael Not CESED
-	nce statement with compliance schedule (use additional sheets if necessary) for eve
parameter used:	mpion Ofking . fin in complia
Explain Method for preserv	ring samples:
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	of law that this document and attachments were prepared under my direction designed to assure that qualified personnel properly wather and evaluate the in-
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accordance with a system Based on my inquiry of the	designed to assure that qualified personnel properly gather and evaluate the in he person or persons who manage the system, or those persons directly respons mation submitted is, to the best of my knowledge and belief, true, accurate and
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Type Name and Title

PVSC FORM MR-1 REV: 5 3/91 P 2

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